

**Potential Recommendations/Feedback
To Health Care Reform Task Force on EHB**
(for discussion purposes)

1. Based on a review of the Health and Human Services' (HHS) December 16, 2011 bulletin on Essential Health Benefits (EHB) there do not appear to be significant differences between the benchmark plans available to serve as a reference plan for Minnesota's Essential Health Benefits:
 - a. All of the Minnesota-based plans cover all of the Minnesota benefit mandates;
 - b. The Federal plans appear to cover most or all of Minnesota benefit mandates; and
 - c. The bulletin states that a health insurance issuer will have flexibility to adjust benefits, including both the specific services covered and any quantitative limits, so the specific covered benefits in a benchmark plan may not be significant.
2. The HHS bulletin anticipates that health insurers will have the ability to vary covered benefits to permit innovation, choice, and the ability to create plans/products to meet the varying needs of different populations. Health insurers should use this flexibility to ensure that there are diverse and comprehensive plans/products that meet the different health needs of Minnesotans.
3. DHS should work with the health insurers and the Exchange to have plans/products that support individual and family transitions between public and private coverage.
4. Given that there is likely to be variation in covered benefits and services across plans/products, health insurers should make it easier and more transparent for consumers to know the covered benefits in any particular plan/product.
5. The bulletin does not provide information about the methodologies for determining the actuarial value of health plans overall, or of the specific ten coverage categories described in statute. Until HHS provides additional information about how a health insurer uses the benchmark plan to design covered benefits and the calculation of actuarial value and actuarial equivalence, there is not enough information to fully evaluate the benchmark plan options and their affordability.
6. The Health Care Reform Task Force should re-examine the EHB after HHS provides additional guidance and/or promulgates regulations to determine if that guidance creates/clarifies significant differences between benchmark plan options.
7. There should be an on-going mechanism for community/stakeholder discussion and feedback of the EHB as it evolves over the next few years, especially as HHS modifies its methodologies and requirements for 2016 and beyond. This should include a review of the impact of state benefit mandates.
8. The Health Care Reform Task Force should urge HHS to provide additional guidance or regulations to allow Minnesota to make fully informed choices about the EHB as soon as possible.